

New York State Department of Labor Asbestos Project Notification Building 12, Room 161B State Office Campus Albany, NY 12240

A. Type of notification		是一种的一种
Check only one type of	notification below.	
-	mplete all sections. We must recei	ive this notification and fee at least 10 days before the
Renewal Co		ee within the last 30 days of a project that will extend
Amended Sul Cancelled Co Emergency Yo	omit amended notification with all mplete Section G and attach copy of	
B. Contractor information	on	
Provide all information	requested below.	
1. FEIN	-1593984	2. Asbestos license number 29440
3. Contractor name and		4. Mailing address (if different)
	mantlement Corp.	
	Island Blud nd, Try 14072	
Crana Lana	1104, 11, 11, 11, 11, 11	
5. Workers' Compensat	tion Policy # WCA 2015094-	or WC Exemption Certificate
NOTE : If you interstart of the project.		t:
C. Project site informat	ion	
Provide all information	requested below for the building/s	site where the asbestos project will be conducted.
6. Project dates: Starti	ng date 9-21-2016	Completion date 12-21-2016
If amended: Starti	ng date	Completion date
	inty NIAGARA	
Name of building	NORTH TONOWanda	Water Treatment Plant
Room or other spe	cific location Pipe Gall	15.7
Bridge Projects on	ly. Bridge ID Number:	
	1 Archer Street	
City, Town or Vill	age NORTH TONOWan	Ada_State_NY_Zip Code_14072
8. Building information	1	
	terTreatment Pla	
Prior use _ Wat	ter Treatment Pla	Mt Building size 1000 sq. ft.
Is this a Federal bu	uilding? 💢 No 🗌 Yes	

9. Building	representative/	site contact: Name <u>James</u>	Puguette Phone number	er (<u>716) 695 - 853</u> 5	
Cumular all a	of the imformati	on nonverted below about the	-: G G 1 1		
		on requested below about the spe	cifics of asbestos removal.		
If yes, lis		? ✓ No ✓ Yes n and start and end dates for each o	phase below. If there are more	than 4 phases, please	
use seem	on r to continu				
Start date	End date	Location	Sc	cope	
	_				
10. Will sub	o-contractor(s)	be used: 🖊 No 🗌 Yes (If yes	s, complete lines below.)		
Name			Asbestos Lic. No		
Name		· · · · · · · · · · · · · · · · · · ·	Asbestos Lic. No		
11. Do you	anticipate doing	g: Night work	☐ Weekend work	Shift work	
	ys/hours_	-			
	Mo	onday - Friday	7:30 Am - 3:30 pm		
12. The part	ty you are doing	g the work for: Name City	of NORTH TONOW	anda	
City, Town or Village NORTH TONOWAND					
	State N Zip Code 14120				
			•		
13. Dollar a	mount of contra	act between parties named in Item	n 3 and Item 12. \$ <u>24900</u>		
No	te: Forms AV 8	eted under a variance, check appro 66 through AV 120 can no longer on of Codes, Rules and Regulation	be used. Please refer to Part 56	of Title 12 of the	
	Applicable var	iance number:	Individual variance petition nur	mber: applied for	
15. Procedu	res and type of	equipment and ventilation system	n used (attach more sheets, if neo	cessary)	
	200 000				
a) Type of equipment and ventilation systems used: <u>Whate Alcontamination</u> UMit-Nepa wacum, water feltration System, Negavite					
all machines respirators					
	111000			,	
b)	Name of air me	onitoring firm: Envoy Er	nvironmental		
	Asbestos license number: 28454				
c)	c) Name of laboratory performing the analysis: <u>Paradiam</u>				
	ELAP Registra	100)		

16. Type of asbestos work	(check all that apply)		
Pipe related Vessel covering	☐ Roofing/flash	ing Caulking/Mastic	Clean up Sprayed on insulation
	-5		
Demolition: if	cite curvey was previously	submitted provide the referen	nce:
Demontion. II	site survey was previously	submitted, provide the referen	
17. Waste transporter name	:: <u>Maste Mar</u>	ragement	
NYS DEC permit	^ '		
	Kansier Di.		
City, Town or Vil	lage: <u>West Sc</u>	eneca	
State: Yew	york	or Province:	
Zip Code:146	224		
Phone number:	716-674-5195		
18. Waste disposal site	0		
Name CID	Charree Ki	andfell	
Address: 108	114.	Road	
City, Town or Vill	lage: Chaxle	•	
State: NY	00		
Zip Code:	14030		
Phone number:	116-496-5000		
19. Type and amount of ash	nestos-containing material i	nvolved	
Friable linear feet	20	Friable square feet	750
Non-Friable linear feet +		Non-Friable square feet +	
Total linear feet =	= 20	Total square feet =	750
Total inical feet		Total square leet —	
. Fee schedule	人名英 克德里里斯	新数数数数	
This fee is non-refundable.	Refer to Item 10 to calcula	ate your required fees	
Check one box for linear fe			
	a) Linear feet	b) Square fe	eet .
	0 – 259(S		(\$0)
	260 – 429(S		9(\$200)
	430 – 824(5	_	9(\$400)
Ţ	_		, ,
Ĺ	825 – 1649(9(\$1,000)
	1650 or more (\$2,000) 1000 or :	more(\$2,000)
21. Total fee due for projec	ts 1,000°	(add 20a and 20b)	

F.	8 6 7	11/11/20	2000	-1	
S 1.574	医子生	-	828	EN S	EN.

Use this area to provide details. Attach more sheets, if necessary.

G. Signature	
I certify that the information specified on this notification is true and compliance with the requirements of Code Rule 56. (no cosigns or st	accurate and that the project will be conducted in amps)
In Vitalian	8-31-2016
Signature of the Contractor or Duly Authorized Representative	Date
David Mgzue	8-31-2016
Print name of the Contractor or Duly Authorized Representative	Date



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A. Type of notificat	经验的证据,是是是是是证明的			
Check only one ty	pe of notification below.			
Initial	Complete all sections. We must receiproject starts.	we this notification and fee at least 10 days before the	ne	
Renewal	Complete all sections. Submit with fe beyond 12 months.	e within the last 30 days of a project that will exten	d	
☐ Amended☐ Cancelled☐ Emergency	mended Submit amended notification with all sections completed and amended item(s) circled. Complete Section G and attach copy of initial notification or complete all sections			
B. Contractor infor	mation		4	
Provide all inform	nation requested below.			
	16-1593984	2. Asbestos license number 29440		
3. Contractor name	•			
0 1	Dismantlement Corp.	4. Mailing address (if different)		
	nd Island Blud			
\sim	sland, Try 14072			
3100100 300	11/14012			
5. Workers' Compe	ensation Policy # WCA 2015094-1	or WC Exemption Certificate		
Number of your NOTE: If you start of the projection	ect.	must have proper workers' compensation before thes, name of temporary agency:	ne	
C. Project site inform		or temporary agency.		
Provide all informat	tion requested below for the building/site	where the asbestos project will be conducted.		
		Completion date 12-21-2016		
	tarting date	Completion date	_	
	County NIAGARA	· ·	_	
		Jater Treatment Plant		
Room or other	specific location Pipe Galls	V		
	s only. Bridge ID Number:	1		
-	1 Archer Street			
	Village NORTH TO Nawand	a State NY Zip Code 14072		
8. Building informa				
	Jater Treatment Plan	Year built 1940		
	ater Treatment Plan	+	sq. ft.	
	al building? No Yes	Danishing one	· 4. It.	

9. Building	representative/sit	e contact: Name <u>Jame</u>	Slugi	Phone number	er (<u>716) 695 - 853</u> 6
0 1 11					
		requested below about the	specifics of	of asbestos removal.	
	phased project?				
If yes, list use Section	scope, location a non F to continue.	and start and end dates for e	ach phase	below. If there are more	than 4 phases, please
Start date	End date	Location		Sco	ope
10. Will sub-	-contractor(s) be	used: No Yes (If	yes, compl	ete lines below.)	
Name		***		_Asbestos Lic. No	
Name				Asbestos Lic. No.	
	enticipate doing:	☐ Night work		Weekend work	Shift work
Day		day - Friday	7:21	2/24.00	
12. The party	you are doing th	e work for: Name (i)	401	NORTH TONGWO	anda
				830 RIVER Road	
		City, Town	or Village	NORTH TONOWO	inda
		State N	1	Zip Code	120
13. Dollar an	nount of contract	between parties named in It	tem 3 and	Item 12. \$ <u>24900</u>	
Note	e: Forms AV 86 tl	under a variance, check ap arough AV 120 can no long of Codes, Rules and Regula	ger be used	d. Please refer to Part 56 or	f Title 12 of the
-	Applicable variance			dual variance petition num	,
		ipment and ventilation syst	,	, , ,	
	1. 1	t and ventilation systems us			1 '
		sa hacum, luo	, ,	ltration System	D, Negavite
	all mach	inco respirato	ro		
-		*			-
b) 1	Name of air monit	toring firm: Envoy	Envira	nmental	
		number: 28454		ŧ	
c) 1	Name of laborator	y performing the analysis:	Para	diam	
	ELAP Registration	100 -		J	

16. Type of asbestos w	ork (check all that apply)			
☐ Pipe relate☐ Vessel cov	d Roofing		Caulking/Mastic VAT	Clean up Sprayed on insulation
Demolition	: if site survey was previo	ously submitted, p	provide the reference:	
17. Waste transporter na	ame: <u>Maste</u> m	0 ~ 0 00 000	0.0-4	
	nit number: 9A	011-0		
Address: 10	0 ,	١.		
City, Town or	Village: Ulest	Senora		
State: Yolu	v York	or Provi	nce:	
Zip Code:	1224			
Phone number:	716-674-5195	5		
	860 Olean Village: Chayleo 14030 716-496-501	00	ce:	
19. Type and amount of a Friable linear feet	20			150
Non-Friable linear feet		Friable squa		130
Total linear feet	= 20	_ Total squar	square feet +e feet =	750
. Fee schedule				
This fee is non-refundable	e. Refer to Item 19 to cal-	culate your requir	red fees.	
Check one box for linear	feet and one box for square	re feet.	*	
20. Fee schedule:	a) Linear feet		b) Square feet	
	0 – 259	(\$0)	0 – 159	(\$0)
	260 – 429	(\$200)	☐ 160 − 259	(\$200)
	<u> </u>	(\$400)	<u> </u>	(\$400)
	825 – 1649	(\$1,000)	500 – 999	(\$1,000)
	☐ 1650 or more	(\$2,000)	☐ 1000 or more	(\$2,000)
21. Total fee due for proje	ect \$	(a	dd 20a and 20b)	

	em	

Use this area to provide details. Attach more sheets, if necessary.

G. Signature	
I certify that the information specified on this notification is true and compliance with the requirements of Code Rule 56. (no cosigns or sta	accurate and that the project will be conducted in amps)
In Section	8-31-2016
Signature of the Contractor or Duly Authorized Representative	Date
David Mgzue	8-31-2016
Print name of the Contractor or Duly Authorized Representative	Date